

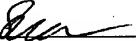
**TELEFACSIMILE TRANSMISSION**  
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TO:	Examiner Rao	FROM:	SHELLY GUEST CERMAK
FAX:	703.872.9306	REF. NO.:	US-125OD1
VOICE:	703.306.5681	PAGES:	11 (incl. this sheet)
App. No.:	<b>09/847,392</b>	DATE:	October 25, 2004

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- 1) This facsimile cover sheet (1 page)
- 2) Amendment Transmittal Letter (2 pages)
- 3) Amendment and Response under 37 CFR 1.111 (5 pages)
- 4) Copy of original transmittal letter for filing of application (2 pages)
- 5) Petition for Extention of Time (1 page)

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October 25, 2004

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA. 22313-1450

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In re application of: Livshits  
 Application. No.: 09/847,392  
 Filing Date: May 3, 2001  
 Atty. Docket No. US-1250D1  
 Title: DNA CODING FOR PROTEIN WHICH CONFERS ON  
 BACTERIUM ESCHERICHIA COLI RESISTANCE TO L-HOMOSERINE,  
 AND METHOD FOR PRODUCING L-AMINO ACIDS

Sir:

Transmitted herewith is an Amendment in the above-identified application. Please find enclosed:

Amendment and Request for Reconsideration: 5 pages.  
 Petition for Extension of time from the Office Action, mailed April 29, 2004, 3 months to October 29, 2004: 1 pages  
 Information Disclosure Statement: pages.  
 PTO-1449: pages.  
 cited references.  
 PTO-2038 Credit Card Payment Form (fee calculated as shown below): pages.  
 Other: Copy of original transmittal letter for filing of application.  
 A fee is required, as calculated below:

	(Col. 1)		(Col. 2)		(Col. 3)
	<i>Claims Remaining After Amendment</i>		<i>Highest No. Previously Paid For</i>		<i>Extra</i>
<i>Total</i>	5	minus	20	0	
<i>Indep.</i>	1	minus	3	0	
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	LARGE ENTITY
<i>Rate</i>	<i>Fee</i>
<i>x \$9 =</i>	<i>\$</i>
<i>x \$43 =</i>	<i>\$</i>
<i>+ \$145 =</i>	<i>\$</i>
<i>Total</i>	<i>\$</i>
<i>or</i>	
<i>Rate</i>	<i>Fee</i>
<i>x \$18 =</i>	<i>\$</i>
<i>x \$86 =</i>	<i>\$</i>
<i>+ \$290 =</i>	<i>\$</i>
<i>Total</i>	<i>\$</i>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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Please accept payment of the above-calculated fees, and any extension of time fees, or any IDS fees by the following payment method:

Please charge Deposit Account No. 50-3077 in the amount of \$980.00.

A check in the amount of \$ \_\_\_\_\_ is enclosed.

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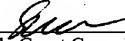
Deposit Account No. 50-3077

the credit account identified in PTO-2038.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

  
Shelly Guest Cermak  
Reg. No. 39,571

**U.S. P.T.O. Customer No. 38108**

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Date: October 25, 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Livshits

Serial No. 09/847,392

Filed: May 3, 2001

Art Unit: 1652

Examiner: Rao

Atty. Docket: US-1250D1

For: DNA CODING FOR PROTEIN WHICH CONFERS ON BACTERIUM  
ESCHERICHIA COLI RESISTANCE TO L-HOMOSERINE, AND METHOD FOR  
PRODUCING L-AMINO ACIDS

**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111**

Mail Stop Non-fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir:

In response to the Office Action dated April 29, 2004, which set a 3-month shortened statutory period for response thereto, please amend the above-captioned patent application as follows. A 3-month petition for extension of time is submitted herewith.

Amendments to the specification begin on page 2.

Amendments to the claims begin on page 3.

Remarks begin on page 4.